

November 25, 2002

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TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0307-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. specialized and board certified in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 29-year-old man who sustained an on-the-job injury to his lower back on ___ when a heavy roll of plastic paper fell and hit him on the right side, causing him to sustain a tearing or ripping sensation in his lower back. This was shortly followed by pain in the low back with radiation into both lower extremities with the right side more so than the left side. The pain would radiate in the typical sciatic radiation pattern. It would go into the back of the hip and down the backside of the leg to the foot and ankle. He also had some numbness and tingling in his legs associated with this. He was treated with anti-inflammatory medication, muscle relaxants and physical therapy. This did not help. He continued to have low back and bilateral leg pain. An MRI was done and it revealed L5-s1 lumbar disc protrusion primarily in the midline with some evidence of nerve root compression at that level. Also, his plain x-rays demonstrated a retrolisthesis at the L5 level due to the L5-S1 disc problem.

The patient was given one lumbar epidural steroid injection but he got no relief at all from that. He had EMG studies, which demonstrated evidence of bilateral L5 radiculopathy. His neurological examination confirmed that, in that he had numbness to pinprick in the lateral thigh and lateral calf on both legs.

After failure of conservative treatment and after the epidural steroid injections did not help, he was then referred to ___ who felt that he was a candidate for surgical treatment on his back. ___

apparently felt that further conservative treatment was not going to give him any relief and he suggested surgery.

___ was then sent for a second opinion to a neurosurgeon, ___.

___ stated that he felt that he should have a provocative discogram and, depending on the results, he should be considered for an IDET procedure. The discogram was requested and after review by the carrier, it was not approved because the carrier stated that there was no real indication for the IDET procedure. The reason given was the fact that the patient had evidence of radiculopathy at L5 and imaging evidence of disc protrusion and a mechanical anatomical defect present at the L5-S1 joint.

REQUESTED SERVICE

A Lumbar Discogram with CT scan is requested for ___.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer does not feel that a lumbar discogram or an IDET procedure is indicated for this patient. ___ has established radiculopathy, which is undoubtedly due to the disc protrusion and nerve root compression that is demonstrated on the MRI films at the L5-S1 level. Also, the x-rays demonstrate retrolisthesis at the L5-S1. These findings are contraindications to doing an IDET procedure. If an IDET procedure is contraindicated, there is no real good reason that is stated as to why a discogram is needed.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).